## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76159

Entity Name: WINDJAMMER HOME BUILDERS, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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10838 ALICO PASS

NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

10838 ALICO PASS

NEW PORT RICHEY, FL 34655

FEI Number: 59-2806610 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUSE, ROBERT VAUSE, ROBERT 8827 SCOUT LAKE CT. 10838 ALICO PASS

NEW PORT RICHEY, FL 34654 US NEW PORT RICHEY, FL 34655 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT VAUSE 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 VAUSE, ROBERT,
 Name:
 VAUSE, ROBERT,

 Address:
 8827 SCOUT LAKE CT
 Address:
 10838 ALICO PASS

City-St-Zip: NEW PORT RICHEY, FL 34655

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: DEPASQUALE LINDA, Name: DEPASQUALE LINDA, Address: 5810 REDHAWK DR Address: 10746 ALICO PASS

City-St-Zip: NEW PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VAUSE P 01/09/2006